# **Initial Patent Application Data Information Sheet**

#### **Inventor Information**

Inventor One Given Name::

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City::

State or Province:: Postal or Zip Code::

Citizenship Country::

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Postal Address Line One::

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# **Correspondence Information**

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25712

#### **Application Information**

Title Line One::

Title Line Two::

**Total Drawing Sheets::** Formal Drawings?::

Application Type::

Docket Number ::

Modified Live Flavobacterium Columnare Against Columnaris Disease in Fish

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No

Utility

0052.01

### Representative Information

Representative Customer Number::

34526